



MECHANICAL/PLUMBING/BACKFLOW PERMIT APPLICATION

Form last
updated on
May 1, 2011

Physical Address:

Auburn City Hall Annex, 2nd Floor
1 East Main Street

Mailing Address:

25 West Main Street
Auburn, WA 98001-4998

Webpage & Email:

www.auburnwa.gov
permitcenter@auburnwa.gov

Phone and Fax:

Phone: 253-931-3090
Fax: 253-804-3114

PROJECT INFORMATION

Check all that apply: ☐ Residential ☐ Commercial
☐ Mechanical ☐ Plumbing ☐ Backflow

Project Valuation (do not include cosmetic improvements such as paint and carpet) \$ _____

Permit Number #**Parent Permit #**

Job site address: _____ Zip _____ Lot # _____

Tenant Name: _____ Parcel # _____

Complex Name: _____ Building #: _____ Suite # _____

For Condominiums – Building Name: _____ Unit # _____

For Mobile/Manufactured Homes – Park Name: _____ Space # _____

Received:

Scope of Work: _____

OWNER

Company Name: _____

☐ Check this box if this is the primary contact

Contact Person: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____

E-mail: _____

CONTRACTOR

Company Name: _____

☐ Check this box if this is the primary contact

Contact: _____ **Phone:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

E-mail: _____

City of Auburn Business License #: BUS _____

Washington State Lic. #: _____

ARCHITECT

Company Name: _____

☐ Check this box if this is the primary contact

Architect: _____

ID#: _____ **Exp. Date:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____

E-mail: _____

ENGINEER

Company Name: _____

☐ Check this box if this is the primary contact

Engineer: _____

ID# _____ **Exp. Date:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____

E-mail: _____

MECHANICAL (indicate the number of each new and/or relocated fixture type in the space below)

	Air Conditioner/Heat Pump		Gas Cook Top		Rooftop Unit BTUs: _____
	Fans – stationary, incl. whole house		Gas Dryer		Vents/Single Ducts
	Fireplace insert		Gas Piping (# of outlets)		Water Heater
	Furnace < 100,000 BTUs		Gas Stove/Range		Other: _____
	Other: _____		Other: _____		Total # of Fixtures: _____

PLUMBING (indicate the number of each new and/or relocated fixture type in the space below)

	Bathtub		Toilet		Water Service – If yes, indicate size of pipe: _____
	Shower/Tub Combo		Water Heater		
	Clothes Washer		Kitchen/Bath/Laundry Sink		
	Dishwasher		Modular Building Connection		
	Hose Bibb		Other: _____		Total # of Fixtures: _____

BACKFLOW

Please provide information on each device:

Purpose of Device (check all that apply)	Number of Devices	Size (inches)	Type of Device (circle)
<input type="checkbox"/> Irrigation			DCVA RPBA
<input type="checkbox"/> Domestic – Non-Residential			DCVA RPBA
<input type="checkbox"/> Fire Line			DCVA RPBA
<input type="checkbox"/> Vending Machine			DCVA RPBA
<input type="checkbox"/> Other. Describe _____			DCVA RPBA

APPLICANT (check one of the following):☐ Owner ☐ Owner's Agent ☐ Contractor ☐ Contractor's Agent

I certify that I have read this application and declare under penalty of perjury that the information contained herein is correct and complete. I agree to comply with all city and county ordinances and state laws relating to building construction and hereby authorize representatives of this city to enter upon the above mentioned property for inspection purposes. I am either the owner of the property on this permit application, the Washington State registered contractor for the work, or I represent the owner or contractor as signified above and am acting with the owner's/contractors full knowledge or consent.

Print Name_____
Signature_____
Date